

Gift/Pledge Form

Online giving available at www.naspa.org/foundation/make-a-gift



Name: _____
 Institution/Company: _____ NASPA Member ID (if applicable): _____
 Title: _____
 Address: _____ City: _____ State: _____ Zip: _____
 Phone: _____ Preferred email: _____
 Billing address (if different) _____ City: _____ State: _____ Zip: _____
 Name as you would like it published: _____ I/we prefer to be anonymous
 If we have permission to tweet our thanks, please provide your twitter handle: _____

I/we would like to support the NASPA Foundation with the following gift: (please choose one)

one-time gift of \$ _____

open-ended recurring gift of \$ _____/month (payments will automatically be run monthly on your credit card until you tell us to stop)

5-year fixed pledge to a gift society of \$ _____ (minimum \$1000), paid in equal installments on this schedule:
 monthly quarterly annually

Pledge of \$ _____ (maximum \$999), paid in equal installments on this schedule:
 monthly quarterly annually

NASPA Gift Societies

	Monthly	Quarterly	Annually	
<i>Emerald Club - \$1,000</i>	<i>\$16.67</i>	<i>\$50.00</i>	<i>\$200.00</i>	<i>◇ Emerald Club is for first-time Foundation donors with 5-years or less in the field.</i>
<i>Diamond Club - \$3,000</i>	<i>\$50.00</i>	<i>\$150.00</i>	<i>\$600.00</i>	<i>◇ All payment amounts are based on 5 year fixed pledges.</i>
<i>President's Circle - \$5,000</i>	<i>\$83.33</i>	<i>\$250.00</i>	<i>\$1,000.00</i>	<i>◇ Open-ended recurring monthly gifts may be made in any amount. Pledges of under \$1000 may also be made on your own schedule.</i>
<i>Foundation Circle - \$7,500</i>	<i>\$125.00</i>	<i>\$375.00</i>	<i>\$1,500.00</i>	<i>◇ Gift Society membership is calculated on lifetime giving.</i>
<i>Heritage Society - \$10,000</i>	<i>\$166.67</i>	<i>\$500.00</i>	<i>\$2,000.00</i>	<i>◇ Interested in a making a Legacy Society planned gift? Please visit naspa.org/foundation.</i>

Please allocate my gift as follows:

_____% NASPA Foundation Excellence Fund: Unrestricted gifts to support NASPA's highest priorities in research & scholarship

_____% Research Fund	_____% Melvne D. Hardee Fund	_____% James Rhatigan Fund	_____% Social Justice Fund
_____% NUFSP Scholarship Fund	_____% Zenobia Hikes Scholarship	_____% Robert H. Shaffer Fund	
_____% BACCHUS Fund	_____% George Kuh Fund	_____% Ruth Strang Award	

_____% NASPA Special Interest Fund (please specify: API, AER, CCD, CLDE, EM, G&S, LKC, SCIHE, SLP, SRKC, VKC, WISA, AA Summit): _____

Credit Card Authorization

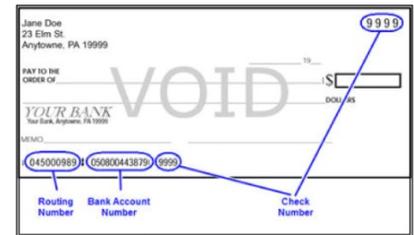
OR

Bank Debit Authorization

Name on Card: _____

 Visa MasterCard Discover AMEX
 Account # _____
 Expiration Date: ____/____/____
 Security Code: _____
 ** recurring credit cards are run on the 3rd of the month
 Please add 3% (\$10 maximum) to my gift to help cover processing costs for one-time gifts only.

Name(s) exactly as on account: _____ Checking Savings
 Bank/Credit Union Name: _____
 ABA Routing Number: _____
 Account Number: _____



Additional gift information: _____

Signature _____

Date _____

Please return this form to: **NASPA Foundation * 111 K Street NE, 10th Floor * Washington, DC 20002**
Attention: Lucy Fort, Associate Director, NASPA Foundation | lfort@naspa.org